

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 98

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Mark Vaughn

Mailing Address 6001 Britlyn Ct

City

Glen Allen

State

VA

Zip Code

23060-2428

FEC ID number of contributing
federal political committee.

C

Name of Employer
Med College of VA Hosp-Me-
dical C

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 0 8

Transaction ID: 23380340

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Gregg Weinberg

Mailing Address 3600 Salles Ridge Ct

City

Midlothian

State

VA

Zip Code

23113-2037

FEC ID number of contributing
federal political committee.

C

Name of Employer
Commonwealth Radiology,
P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 0 8

Transaction ID: 23380341

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Janette Worthington

Mailing Address 4200 Sulgrave Rd

City

Richmond

State

VA

Zip Code

23221-3255

FEC ID number of contributing
federal political committee.

C

Name of Employer
Commonwealth Radiology,
P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 0 8

Transaction ID: 23380385

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)